

ASPIRE • HEALTH

19 December 2012

Measures for VISN 03, Fiscal Year 2012 Quarter 4, Oct. 2011 thru Sept. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met ²									
Domain • Measure	T ¹	Average	Goal	03	526	561	620	620A4	630	630A4	632		
Safety													
<i>Healthcare associated infections</i>	O												
MRSA infection rate	O ▽	0.18	0.00	0.16	0.19	0.15	N/A	0.00	0.03	0.11	0.38		
VAP infection rate	O ▽	1.76	0.00	1.79	0.84	N/A	N/A	N/A	2.02	0.00	4.47		
CLAB infection rate	O ▽	1.12	0.00	0.15	0.91	N/A	N/A	N/A	0.00	0.00	0.00		
Surgical Care Improvement Project	P ▽		99	97	96	96	N/A	N/A	98	98	97		
Hospital acquired pressure ulcer rate	O ▽	2.36	0.00	2.86	2.67	2.05	N/A	1.13	2.43	4.08	3.43		
Incorrect Surgery	P ▽ data not yet available												
Effectiveness													
Composite behavioral health screening	P ▽		98	97	96	98	96	N/A	98	98	98		
<i>Diabetes</i>	P												
Composite diabetes	P ▽	98		90	92	89	89	N/A	91	91	90		
Blood pressure less than 140/90 (dm)	P ▽	85		81	83	82	79	N/A	80	80	80		
HbA1 GT 9 or not done in past year	P ▽	10		16	18	16	18	N/A	17	17	13		
LDL-C less than 100 (diabetes)	P ▽	75		85	90	84	84	N/A	84	84	83		
<i>Ischemic heart</i>	P												
LDL-C less than 100 (vascular dx)	P ▽	75		90	94	90	90	N/A	90	90	89		
LDL-C measured (vascular dx)	P ▽	98		97	98	97	98	N/A	98	98	96		
Blood pressure less than 140/90 (HTN)	P ▽	84		78	78	78	80	N/A	77	77	78		
<i>Prevention</i>	P												
Screening for colorectal cancer	P ▽	100		81	82	76	78	N/A	81	81	89		
Women screened for cervical cancer	P ▽	100		95	96	93	95	N/A	93	93	98		
Women screened for breast cancer	P ▽	100		87	90	89	87	N/A	80	80	93		
Pneumococcal pneumonia immunization	P ▽	100		92	94	91	93	N/A	90	90	89		
Obese patients offered weight mgmt	P ▽	100		97	99	95	98	N/A	95	95	97		
Composite tobacco	P ▽	100		97	100	95	98	N/A	96	96	98		
Composite acute myocardial infarction (AMI)	P ▽	100		98	96	N/A	N/A	N/A	98	98	N/A		
Composite heart failure	P ▽	100		98	96	100	100	N/A	98	98	98		
Composite community acquired pneumonia (CAP)	P ▽	99		96	96	97	93	N/A	96	96	98		
<i>Mortality Outcomes</i>	O												
AMI RSMR	O ▽	11.34	12.18	11.34	11.31	11.31	11.32	N/A	11.20	11.53	11.34		
Pneumonia RSMR	O ▽	11.33	12.92	12.40	15.38	12.88	9.44	N/A	10.31	11.18	13.41		
CHF RSMR	O ▽	8.14	8.12	7.41	7.83	8.42	7.89	N/A	5.69	6.50	8.81		

¹ Type **P**=process measure, **O**=outcomes measure. Symbol ▽ means higher value is better than lower value, ▴ means lower value is better than higher value.

² VISN 03=New York/New Jersey, Facility 526=Bronx, NY, 561=New Jersey, 620=Hudson Valley, NY, 620A4=Castle Point, NY, 630=New York Harbor, 630A4=New York Harbor - Brooklyn, 632=Northport, NY.

ASPIRE • HEALTH

19 December 2012

Measures for VISN 03, Fiscal Year 2012 Quarter 4, Oct. 2011 thru Sept. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met ²									
Domain • Measure	T ¹	Average	Goal	03	526	561	620	620A4	630	630A4	632		
Efficiency													
All cause 30-day readmission rate	O	13.6	11.0	15.0	14.9	14.9	13.1	N/A	15.0	15.9	14.8		
Ambulatory Care Sensitive Conditions (ACSC)	O	29.92		25.92	34.74	19.32	34.33	N/A	26.30	26.30	24.08		
Timeliness		data not yet available											
Outpatient responsiveness	P	data not yet available											
Getting outpatient care quickly	P	data not yet available											
Getting needed outpatient care	P	data not yet available											
Inpatient responsiveness	P	data not yet available											
Patient-Centeredness		data not yet available											
Inpatient SHEP		data not yet available											
Cleanliness of Hospital Environment	P	data not yet available											
Communication with Doctors	P	data not yet available											
Communication with Nurses	P	data not yet available											
Communication About Medication	P	data not yet available											
Discharge Information	P	data not yet available											
Pain Management	P	data not yet available											
Quietness of the Hospital Environment	P	data not yet available											
Willingness to Recommend	P	data not yet available											
Overall Rating of Hospital Stay	P	data not yet available											
Outpatient SHEP		data not yet available											
How Well Docs/Nurses Communicate	P	data not yet available											
Overall Rating of Personal Doc/Nurse	P	data not yet available											
Outpatient Shared Decision Making	P	data not yet available											
Overall Rating of VA Specialist	P	data not yet available											
Overall Rating of Healthcare in last 12 Months	P	data not yet available											
Equity		data not yet available											
Clinical Composite: White-Nonwhite		data not yet available											
Behavioral Health	P	data not yet available											
Diabetes	P	data not yet available											
Tobacco	P	data not yet available											
Prevention	P	data not yet available											
Ischemic Heart	P	data not yet available											
Inpatient SHEP: Male-Female		data not yet available											
Cleanliness of Hospital Environment	P	data not yet available											

¹ Type P=process measure, O=outcomes measure. Symbol ▽ means higher value is better than lower value, ▲ means lower value is better than higher value.

² VISN 03=New York/New Jersey, Facility 526=Bronx, NY, 561=New Jersey, 620=Hudson Valley, NY, 620A4=Castle Point, NY, 630=New York Harbor, 630A4=New York Harbor - Brooklyn, 632=Northport, NY.

ASPIRE • HEALTH

19 December 2012

Measures for VISN 03, Fiscal Year 2012 Quarter 4, Oct. 2011 thru Sept. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met ²									
Domain • Measure	T ¹	Average	Goal	03	526	561	620	620A4	630	630A4	632		
Equity - Inpatient SHEP: Male-Female (continued)	P	data not yet available											
Communication with Doctors	P	data not yet available											
Communication with Nurses	P	data not yet available											
Communication About Medication	P	data not yet available											
Discharge Information	P	data not yet available											
Overall Rating of Hospital	P	data not yet available											
Responsiveness of Hospital Staff	P	data not yet available											
Pain Management	P	data not yet available											
Quietness of the Hospital Environment	P	data not yet available											
Willingness to Recommend	P	data not yet available											
Inpatient SHEP: White-Nonwhite		data not yet available											
Cleanliness of the Hospital Environment	P	data not yet available											
Communication with Doctors	P	data not yet available											
Communication with Nurses	P	data not yet available											
Communication About Medication	P	data not yet available											
Discharge Information	P	data not yet available											
Overall Rating of Hospital	P	data not yet available											
Responsiveness of Hospital Staff	P	data not yet available											
Pain Management	P	data not yet available											
Quietness of the Hospital Environment	P	data not yet available											
Willingness to Recommend	P	data not yet available											
Outpatient SHEP: Male-Female		data not yet available											
How Well Doctors/Nurses Communicate	P	data not yet available											
Overall Rating of Personal Doctor/Nurse	P	data not yet available											
Getting Needed Care	P	data not yet available											
Overall Rating of VA Healthcare	P	data not yet available											
Getting Care Quickly	P	data not yet available											
Outpatient Shared Decision Making	P	data not yet available											
Overall Rating of VA Specialist	P	data not yet available											
Outpatient SHEP: White-Nonwhite		data not yet available											
How Well Doctors/Nurses Communicate	P	data not yet available											
Overall Rating of Personal Doctor/Nurse	P	data not yet available											
Getting Needed Care	P	data not yet available											
Overall Rating of VA Healthcare	P	data not yet available											

¹ Type **P**=process measure, **O**=outcomes measure. Symbol ▴ means higher value is better than lower value, ▾ means lower value is better than higher value.

² VISN 03=New York/New Jersey, Facility 526=Bronx, NY, 561=New Jersey, 620=Hudson Valley, NY, 620A4=Castle Point, NY, 630=New York Harbor, 630A4=New York Harbor - Brooklyn, 632=Northport, NY.

ASPIRE • HEALTH

19 December 2012

Measures for VISN 03, Fiscal Year 2012 Quarter 4, Oct. 2011 thru Sept. 2012

Measures • VA National Averages • Aspirational Goals				Aspirational Goals Met ²									
Domain • Measure	T ¹	Average	Goal	03	526	561	620	620A4	630	630A4	632		
Equity - Outpatient SHEP: White-Nonwhite	P	data not yet available											
Getting Care Quickly	P	data not yet available											
Outpatient Shared Decision Making	P	data not yet available											
Overall Rating of VA Specialist	P	data not yet available											

¹ Type **P**=process measure, **O**=outcomes measure. Symbol ▼ means higher value is better than lower value, ▲ means lower value is better than higher value.

² VISN **03**=New York/New Jersey, Facility **526**=Bronx, NY, **561**=New Jersey, **620**=Hudson Valley, NY, **620A4**=Castle Point, NY, **630**=New York Harbor, **630A4**=New York Harbor - Brooklyn, **632**=Northport, NY.